

# Is It Polymyositis?

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## Dear Editor,

I read the details with interest in the case report.<sup>1</sup> However, I beg to differ from the authors on the diagnosis. It may be recalled a dictum in medicine is to explain all signs and symptoms by one diagnosis and when we try to invoke many diagnoses for the different symptoms we are missing the actual diagnosis.

Why it is unlikely to be inflammatory polymyositis (PM)<sup>2,3</sup>

- PM is not explosive in its onset
- Rhabdomyolysis is very rare at any stage
- Patient required ventilatory support for 19 days. This may have been to the involvement of the respiratory muscles which again is unusual at presentation
- Pregnancy as a cause or inciting factor of PM is again very rare
- Almost magical response to IV steroids is again not in keeping with the response usually seen
- There is no pain and tenderness which would be usual in PM

Hence, when there are so many unlikely factors the probability of this disease is very low. Therefore the natural question is what it could have been. The commonest thing that causes muscle weakness in intensive care unit (ICU) is critical illness neuromyopathy (CINM) and malnutrition but they do not lead to rhabdomyolysis.

The following differential diagnosis is more likely:

- Intrauterine death due to infection leading to sepsis which caused all the above symptoms and infectious poly myopathy<sup>4</sup>
- Drug-induced myositis (was she given any traditional medicine for evacuation of the fetus?)<sup>5</sup>
- Autoimmune necrotizing poly myopathy<sup>5</sup>

One may argue that the patient had dysphagia which is a feature of inflammatory PM. However, I suspect here the dysphagia was due to the complications of intubation and tracheostomy. As for cervical and shoulder muscles showing edema that can be seen with many generalized myopathies. It would be worthwhile to consider re-evaluation if required as this may impact further treatment on follow up (Table 1).

**Table 1:** Causes of ICUAW

### *ICU-acquired weakness (AW)*

#### Most common

- CIN
- CIM
- STROKE
- CACHECTIC/CRITICAL ILLNESS MYOPATHY
- HYPOKALEMIA

(Contd...)

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**Table 1:** (Contd...)

### *ICU acquired weakness*

#### Less common

- Rhabdomyolysis
- Acute quadriplegic myopathy due to NMBA ± steroids
- Pressure palsy

#### Rare

- Acute uremic polyneuropathy
- Severe hypophosphatemia (<1 mg/dL usually)
- Hypomagnesemia
- Spinal cord infarct due to thromboembolism/shock
- Paraplegia due to epidural
- Unmasking myasthenia
- Polyneuropathy due to a viral illness
- Todd's paresis

#### Drugs

- Polymyxins
- Aminoglycosides
- Steroids
- NMBAs
- Statins
- HCQS
- Colchicine
- Newer anticancer drugs, others

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